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For MCDHH use only

Monthly After-Hours Emergency Service Stipend INSTRUCTION TO VENDORS - Please fill in ALL and ONLY the shaded areas

	PRC DOCU		HEADER INFORMATION					For MCDHH use only							
				Fisca	l Year										
CT REFERENCE ENCUMBRANCE DOC				Perio	d										
				Doc	Total										
VENDOR INFORMATION															
Vendor/Custon	ner ID (10 digits	VC number) VC													
Vendor Name								Vendor Invoice #							
Vendor Addres					In	voice Da	te								
City			State Zip			Vendor Signatur				re					
				S	STIPEND										
Date Shift Times			Total Hours				# of Region Covered				Stip	end Ra	te	Stipend Total	
											Gra	nd Tot	al		
			LINE	-ACCOUN	TING IN	FORN	IATIO	N			Gra	ina 10t	ai [
Commodity Lin	ne#			from Date (mi					rvice to I	Date	(mm/dd	/уууу)			
Event Type	Line Descripti	on			Sub	total Lir	e Amt	Ref Ac	ct Line			Fund		Sub Fund	
AP01										P	/ F				
Department MCD	Unit 0001	Appropriation						Objec	t		Progra	m]	Program Period	
		Commonwealth of M						of perju	ry that al	ll la	ws of th	ne Comn	nonw	ealth	
governing disbursement of public funds and the regulation thereof have been complied w Prepared by							Title Accountant Date							te	
MMARS Entry by							Title Clerk IV					Da	te		
Submitted by							Title						te		
Authorized Signature							Title CFO					te			
													<u> </u>		